8	-
12	
15	,

						Application or Docket Number							
PATENT APPLICATION FEE DETERMINATION RECOI							RD	D 74057 (13575)					
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY TYPE			OR SMALL ENTITY				
TOTAL CLAIMS			8					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		В	BASIC FEE 385.00		OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			8 minus 20= *			D xs		X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			5 minus 3 = 1 3				X43=		OR	X86=	172		
MULTIPLE DEPENDENT CLAIM PRESENT						+145=		OR	+290=				
* If	the difference	in column 1 is	less than ze	ero, enter	"0" in c	olumn 2	-	TOTAL		OR	TOTAL	942	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						(Column 3)	ę	SMALL	ENTITY	OR	OTHER SMALL		
T A T		(Column 1) CLAIMS REMAINING AFTER		HIGH NUM PREVIO	EST BER	PRESENT EXTRA	Γ	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
AMENDMENT		AMENDMENT		PAID		EXTRA	-		FEE			FEE	
Š	Total	· 8	Minus	** 6	10	=	L	X\$ 9=		OR	X\$18=		
AME	Independent	• 5	Minus	***	5	=		X43=		OR	X86=		
	FIRST PRESE	NTATION OF M	JETIPLE DE	PENDEN	CLAIM			+145=		OR	+290=		
							<u> </u>	TOTAL			TOTAL		
		(Column 1)		(Colur	mn 2)	(Column 3)	AD	DIT. FEE	<u> </u>	1	ADDIT. FEE		
		CLAIMS		HIGH	EST		Г		ADDI-	1		ADDI-	
ENT B		REMAINING AFTER AMENDMENT		PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
ΣO	Total	*	Minus	**		=	;	X\$ 9=		OR	X\$18=		
AMENDMENT	Independent	*	Minus	***		=		X43=		OR	X86=		
الله	FIRST PHESE	NTATION OF ML	JETIPLE DEI	PENDENT	CLAIM		1	+145=		OR	+290=		
							AD:	TOTAL DIT. FEE		OR	TOYAL ADDIT, FEE		
		(Column 1)		(Colur	nn 2)	(Column 3)	יטה	J. 1, 1 LL					
AMENDIGENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	EST BER DUSLY	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE		PATE	ADDI- TIONAL FEE	
DIVIC	Total	*	Minus	**		= ,	5	X\$ 9=	,	OR	X\$18=	,	
S EN	Independent	*	Minus	***		=	-				X86=		
[হি	FIRST PRESE	NTATION OF MU	JLTIPLE DEI	PENDENT	CLAIM		-	X43=		OR	∧00±		
							. +	145=		OR	+290=		
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
	The Highest Num	ther Previously Pai	d For (Total o	rIndepende	ent) is the	highest number	found	in the ap	propriate box	in cot	umn 1.		